

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Label (See page 21.)

Use the IRS label. Otherwise, please print or type.

Labels for: Your first name and initial, Last name, If a joint return, spouse's first name and initial, Last name, Home address, Apt. no., City, town or post office, state, and ZIP code.

Labels for: OMB No. 1545-0085, Your social security number, Spouse's social security number

Important! You must enter your SSN(s) above.

Presidential Election Campaign (See page 22.)

Note. Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund?

Filing status Check only one box.

- 1 Single, 2 Married filing jointly, 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er)

Exemptions

6a Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a.

b Spouse, c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) If qualifying child for child tax credit

No. of boxes checked on 6a and 6b, No. of children on 6c who: lived with you, did not live with you due to divorce or separation, Dependents on 6c not entered above

If more than six dependents, see page 24.

d Total number of exemptions claimed.

Add numbers on lines above

Income

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see page 27.

Enclose, but do not attach, any payment.

Income lines 7 through 20: Wages, salaries, tips, etc.; Taxable interest; Ordinary dividends; Capital gain distributions; IRA distributions; Pensions and annuities; Unemployment compensation; Social security benefits; Educator expenses; IRA deduction; Student loan interest deduction; Tuition and fees deduction; Total adjustments.

Adjusted gross income

21 Subtract line 20 from line 15. This is your adjusted gross income.

Tax, credits, and payments**Standard Deduction for—**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 34.

• All others:

Single or Married filing separately, \$4,750

Married filing jointly or Qualifying widow(er), \$9,500

Head of household, \$7,000

If you have a qualifying child, attach Schedule EIC.

22	Enter the amount from line 21 (adjusted gross income).	22	
23a	Check <input type="checkbox"/> You were born before January 2, 1939, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1939, <input type="checkbox"/> Blind Total boxes checked <input type="checkbox"/> 23a		
b	If you are married filing separately and your spouse itemizes deductions, see page 34 and check here <input type="checkbox"/> 23b		
24	Enter your standard deduction (see left margin).	24	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	
26	Multiply \$3,050 by the total number of exemptions claimed on line 6d.	26	
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your taxable income .	27	
28	Tax , including any alternative minimum tax (see page 35).	28	
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
31	Education credits. Attach Form 8863.	31	
32	Retirement savings contributions credit. Attach Form 8880.	32	
33	Child tax credit (see page 38).	33	
34	Adoption credit. Attach Form 8839.	34	
35	Add lines 29 through 34. These are your total credits .	35	
36	Subtract line 35 from line 28. If line 35 is more than line 28, enter -0-.	36	
37	Advance earned income credit payments from Form(s) W-2.	37	
38	Add lines 36 and 37. This is your total tax .	38	
39	Federal income tax withheld from Forms W-2 and 1099.	39	
40	2003 estimated tax payments and amount applied from 2002 return.	40	
41	Earned income credit (EIC) .	41	
42	Additional child tax credit. Attach Form 8812.	42	
43	Add lines 39 through 42. These are your total payments .	43	
44	If line 43 is more than line 38, subtract line 38 from line 43. This is the amount you overpaid .	44	
45a	Amount of line 44 you want refunded to you .	45a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
46	Amount of line 44 you want applied to your 2004 estimated tax .	46	
47	Amount you owe . Subtract line 43 from line 38. For details on how to pay, see page 53.	47	
48	Estimated tax penalty (see page 53).	48	

Refund

Direct deposit? See page 52 and fill in 45b, 45c, and 45d.

Amount you owe**Third party designee**

Do you want to allow another person to discuss this return with the IRS (see page 54)? ☐ **Yes**. Complete the following. ☐ **No**

Designee's name Phone no. () Personal identification number (PIN)

Sign here

Joint return? See page 22. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ()
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid preparer's use only

Preparer's signature Date Check if self-employed ☐ Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code EIN Phone no. ()

